|  |  |  |
| --- | --- | --- |
|  | **Maryland State Department of Education/Office of Child Care Child Care Subsidy Program****VOLUNTARY CHILD SUPPORT AGREEMENT** | **Return To:**CCS Central PO Box 17015Baltimore, MD 21297 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1** | **Applicant (Custodial Party) General Information** |  |  |
| First Name: | Last Name: |
| Date of Birth (DOB): | Contact Phone Number: |
| Social Security Number (SSN) (Optional): |
|  |
| **Section 2** | **Non-Custodial Party** |  |  |
| First Name: | Last Name: |
| Social Security Number (SSN) (Optional): |
| Home Address: Street Apt # City State Zip Code |
|  |
| **Section 3** | **Payment Amount** |  |  |
| Amount Paid: | Frequency: |
|  |
| **Section 4** | **Children** |  |  |
| Child 1 Name: | Child 2 Name: |
| Child 3 Name: | Child 4 Name: |
|  |
| **Section 5** | **Signature** |  |  |
| By signing, I declare that I pay the amount populated above to the Custodial Party. |
| Non-Custodial Party Signature | Date |
| By signing, I declare that I receive the amount populated above from the Non-Custodial Party. |
| Custodial Party Signature | Date |
| ***This voluntary child support agreement form will not be processed if the form is not signed by both parties.*** |

DOC.221.45 Revised 07/15.